

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13423

BIRTH NO. _____		REG. DIST. NO. <u>36</u>		PRIMARY REG. DIST. NO. <u>4531</u>		Registrar's No. <u>83</u>	
1. PLACE OF DEATH a. COUNTY <u>Warren</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Montgomery</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrenton Mo.</u>		c. LENGTH OF STAY (In this place) <u>11 mo 15 da</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Junction Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Katie Jane Memorial Home</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>KATHERINE</u>		b. (Middle) <u>DILL</u>		c. (Last) <u>LEE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 21 1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Feb. 9-1875</u>	
9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>JOSEPH DILL</u>		13b. MOTHER'S MAIDEN NAME <u>Sallie Allen</u>		14. NAME OF HUSBAND OR WIFE <u>JAMES LEE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs John Buck Junction, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia bilobal</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Senile Dementia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>522X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 18</u> , 19 <u>50</u> , to <u>Dec 21</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec 20</u> , 19 <u>50</u> , and that death occurred at <u>11:50 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Harold Hochsch M.D.</u>		23b. ADDRESS <u>Warrenton Mo.</u>		23c. DATE SIGNED <u>Jan 1-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>Int Hope</u>		24d. LOCATION (City, town, or county) (State) <u>East St Louis Ill</u>	
DATE REC'D BY LOCAL REG. <u>1-1-51</u>		REGISTRAR'S SIGNATURE <u>Harold Logan</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul A. Theding Junction, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
JAN 9 1951  
DISTRICT HEALTH OFFICE No. 4  
File No.

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 4115

P. O. Address Jonesburg Mo

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.